

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
DETERMINATION OF SOLE SOURCE PROCUREMENT OF SERVICES**

Type of Service: _____ OPASS #: _____

Requesting Facility or Administration: _____

Contract Cost: Actual ☐ _____ Estimated ☐ _____

Contractor: _____

Contract Term: _____

Justification:

In accordance with COMAR section 21.05.05.02B (Sole Source), these authorized DHMH officials have determined that the procurement identified above constitutes a justified non-competitive procurement.

Facility Superintendent or Director
Headquarters Program Administrator

(Signature)

(Title)

(Date)

DHMH Chief Procurement Officer or
Alternate

(Signature)

(Date)

Designee of the Secretary, DHMH

Dana Dembrow, Deputy Director
Office of Procurement and Support Services

- OR -

(Designee over \$200,000)

(Date)

Submit this form to the Office of Procurement and Support Services as directed on the Contract Cover Sheet.